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| <b>TCCAP NUMBER:</b> |
| <b>ADDRESS:</b>      |
| <b>APPLICANT:</b>    |

**TOPSFIELD CONSERVATION COMMISSION  
ADMINISTRATOR PERMIT (TCCAP)  
APPLICATION**

Note: The TCCAP process includes review of this application, a pre-activity inspection including review of relevant Resource Areas and proposed work/activities, issuance of a permit with conditions (where criteria are met), and a post-activity inspection.

**Applicant(s):**

|              |                            |
|--------------|----------------------------|
| Name(s)      | E-mail Address             |
| Phone Number | Fax Number (if applicable) |

**Project Location:** \_\_\_\_\_ **Map:** \_\_\_\_\_ **Lot:** \_\_\_\_\_  
(Address)

**Resource Area(s):** \_\_\_\_\_  
\_\_\_\_\_

**Requested activity/work description:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Plan or Sketch Attached:** \_\_\_\_\_  
(Title and Date)

(Show property boundaries, existing structures, and other relevant features, approximate Resource Area boundaries, and distance(s) of proposed activities from those boundaries.)

**Signature of Applicant(s):** \_\_\_\_\_

**Filing Date:** \_\_\_\_\_ **\$50.00 fee paid** \_\_\_\_\_  
(Date)

**Site Visit Date:** \_\_\_\_\_ **Issuance/Denial Date:** \_\_\_\_\_ **Initials:** \_\_\_\_\_

**Follow-up Site Visit Date:** \_\_\_\_\_